

Town of Winchester

Board of Health
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Seasonal Flu Immunization Program

FluMist

Live, Intranasal Influenza Vaccine Permission Form

Return by Tuesday, September 15, 2009

Student's Name (Please Print)

Date of Birth

Age

School Name

Grade

Classroom / Home Room
Teacher (if applicable)

Middle School
Team Name
(if applicable)

Physician's Name

Physician's Address

Physician's Phone

Please Choose:

- 1) I have received information on the school-based seasonal flu clinic and **decline** to have my child vaccinated at this time.

Signature of Parent/Guardian

Date

-
- 2) I give permission for my child to receive FluMist at school. I understand my child will receive the vaccine by nasal spray. I have read the Vaccine Information Statement titled Live, Intranasal Influenza Vaccine and my child does not have any of the health conditions listed under Section 4, **"Some people should not get LAIV"**. My child has not received a live vaccine (MMR, Varicella, or Yellow Fever) in fewer than 28 days from the scheduled FluMist clinic at his/her school.

Signature of Parent/Guardian

Date

Address

Home Phone

Cell Phone

Please note that no vaccine will be given to a child who is upset or resistant. Parents/Guardians will be notified if a child does not receive the FluMist.

BOOSTER SHOT – For Children Under 9 Years Old

If your child is **under age 9** and has never had a flu vaccine before in their life
OR
If your child is **under age 9** and had a flu vaccine for the first time last year and did not receive a second dose (booster) he/she should get a booster dose this year.

Do you have a child under age 9 who needs a booster dose this year?	Yes	No
If so, do you want your child to get the booster dose in school?	Yes	No

I give permission to have my child get a booster dose in school, 1 month after the first dose. I will be notified in writing prior to the administration of dose #2. At that time, if I so desire, I can submit a *Withdrawal of Permission Form*.

_____	_____
Parent/Guardian Signature	Date
.....	

Return this form in a sealed envelope, labeled with child’s name by Tuesday, September 15, 2009, even if your child is not receiving the flu vaccine in school.

If your child is receiving the flu vaccine in school, include a \$10.00 check payable to the Town of Winchester.

- Elementary – return to classroom teacher.
- Middle school students - return to home room teacher.
- High school students - return to main office.

For Clinic/Office Use Only

Date: October 2009

0.1 ml FluMist (Influenza Virus Vaccine Live, Intranasal) administered in each nostril.

Lot # _____ **Expiration Date:** _____

RN signature: _____

Manufacturer: MedImmune Date on VIS: 07/24/08